APPLICATION GUIDANCE
FOR

MATERNAL AND CHILD HEALTH COOPERATIVE AGREEMENT

THE PARTNERSHIP FOR INFORMATION AND COMMUNICATION

(CFDA# 93.110 G)

January 2000

NOTE: This document is not a complete kit. The necessary forms are enclosed with this document.
Read this entire document carefully before starting to prepare an application.

Application Due Date:<u>March 23, 2000</u>

Anticipated Date of Award: May 1, 2000

Department of Health and Human Services
U.S. Public Health Service
Health Resources and Services Administration
Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

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CHAPTER 1 INTRODUCTION

1.1 Mission Statement

The Maternal and Child Health Bureau (MCHB) responds to matters affecting the health or welfare of infants, children, adolescents, mothers and families. It provides national leadership by working with States, communities, public-private partners and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of medical homes, and build knowledge and human resources required to strengthen and maintain the health, safety and well-being of America's MCH population. The MCH population includes all pregnant women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN).

The MCH infrastructure includes, but is not limited to: services for low-income and minority women and children; immunizations; health and safety in child care and foster care; emergency medical services for children; violence and injury prevention; school health; environmental health including lead poisoning prevention; adolescent health, including mental health and suicide prevention; traumatic brain injury; family health; and a variety of regional and/or national projects

All MCHB-supported services or projects have as their goals the development of:
1) more effective ways to coordinate and deliver new and existing systems of care;
2) leadership for maternal and child health programs throughout the United States;
3) innovative outreach techniques to identify and deliver appropriate care and preventive education to at-risk populations; 4) a body of knowledge that can be tapped by any part of the MCH community; and 5) significant, fundamental improvement in the lives and health of our Nation's mothers and their children.

The MCHB relies heavily on effective communication and interactive relationships with key organizations to support health and health-related programs and services; to encourage efficient use of resources; to strengthen and enhance research to broaden the knowledge base for MCH programs; to train individuals within the various health professions to provide leadership in the provision of comprehensive health care to mothers and children; and to enhance the skills of State and local maternal and child health personnel.

1.2 Program Background

The ***Partnership for Information and Communication (PIC) Cooperative Agreement Program*** was established in 1990 by the Maternal and Child Health Bureau to develop, strengthen and maintain communication with governmental, professional and private organizations representing leaders and policy makers, and PIC member organizations and/or their constituencies concerned with maternal and child health and related issues. The MCHB maintains the PIC program to improve the

health status of MCH populations by stimulating, facilitating and supporting communication among PIC member organizations. Over the years, the PIC member group has been expanded to include national MCH policy centers funded by the MCHB. The group is further expanded, although not on any regular basis, to involve representatives from other Federal agencies, consultants and guests in consideration of a particular topic or issue. The basic program membership, however, has remained constant and is defined as organizations or representatives of organizations with a **current** PIC Cooperative Agreement.

1.3 Purpose

The PIC Program provides a mechanism for communication and collaboration between and among the PIC member organizations as defined in 1.2 (above). The unifying factor is a strong commitment to the development, improvement and maintenance of health care systems as the framework for improved maternal and child health status. PIC member organizations, including the MCHB, utilize the cooperative agreement to:

-- disseminate new information about maternal and child health in a format most useful to policy and decision makers concerned with developing MCH policies and programs in the public and private sectors at local, State and national levels;

-- facilitate the MCHB's understanding of the maternal and child health concerns held by policy and decision makers representing PIC member organizations;

-- communicate to the PIC member organizations and/or their constituencies the position of MCHB, HRSA and key Federal agencies on critical issues;

-- gather the reactions and recommendations of PIC member organizations and/or their constituencies to existing and proposed Federal and State policies and positions on MCH issues and concerns; and

-- identify, create and expand opportunities for collaboration and coordinated effort in response to new, emerging or ongoing MCH issues or concerns or issues with the potential to impact MCH populations or programs.

The goals and objectives of the program and the broad interests of the PIC membership dictate that project activities take into account the pluralism and diversity inherent in the current health care system. The proposal, therefore, must describe and confirm the applicant's ability to work cooperatively with the MCHB; and it must demonstrate the capability to understand and respond to issues and concerns related to maternal and child health status and systems.

The ultimate intent of this cooperative agreement is to assure improved maternal and child health

status through improved health care systems. The grantee and the MCHB have a joint responsibility to determine what MCH issues will be addressed, what information will be transmitted, how that information will be transmitted, and how responses to the information will be followed up. The responsibilities below hold whether the information is coming from the MCHB, or from the grantee's constituents.

1.4 Cooperative Agreement - Bureau and Grantee Responsibilities

1.4.1 Program Requirements

MCHB will require the recipient of the Cooperative Agreement to:

1. Utilize, ***from the date of award and throughout the period of performance of the Cooperative Agreement***, a strategy to improve maternal and child health status and systems through collaboration with the MCHB as described in the Review Criteria section;

2. Participate -- individually and collaboratively -- in an inter-organizational consortium to promote MCHB efforts through the development and dissemination of MCH information. Individual participation is defined as activity required to promote the project funded under the Cooperative Agreement. Collaborative activity encompasses participation in the PIC Program and communication and coordination with the PIC Program membership.

1.4.2 Obligations of the Maternal and Child Health Bureau

In addition to the usual monitoring and technical assistance provided under grants, MCHB responsibilities shall include the following:

1. Provision of the services of experienced MCHB personnel through participation in the planning and development of all phases of this project;

2. Participation, as appropriate, in any conferences and meetings conducted during the period of the Cooperative Agreement;

3. Review, approval and implementation of procedures established for accomplishing the scope of work for the project funded under this cooperative agreement;

4. Assistance, including referral, in establishing Federal interagency contacts necessary to the successful completion of tasks and activities identified in the approved Scope of Work. MCHB will assist in identifying and establishing Federal interagency contacts required to achieve MCHB dissemination and program communication goals;

5. Development of an inter.-organizational consortium to promote the project and assist MCHB collaborative efforts to disseminate MCH information; and

6. Participate in the dissemination of project products.

CHAPTER II ELIGIBILITY, PROCEDURE AND REQUIREMENTS

2.1 Who Can Apply for Funds

SPRANS Grants: Any public or private entity, including Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for Federal funding under this part. This competition is open to public and private entities with an organizational infrastructure capable of providing technical assistance and training on a national level. A preference will be given to organizations

Organizations currently receiving support as part of cooperative agreement representing State governors and their staffs; State health officials; county and municipal health policymakers, nonprofit and/or for-profit managed care organizations and coalitions of organizations promoting the health of mothers and infants, and national membership organizations representing survivors of traumatic brain injury (TBI), providers of emergency medical care for children, and organizations representing State TBI and Emergency Medical Services programs, as well as national membership organizations representing groups or constituencies listed below.

To ensure continuity, membership for the organizations participating in PIC is rotated so that not all project periods coincide. For this year and as represented in the guidance, only national membership organizations representing the following groups will be considered for funding:

A. State legislators;
B. private businesses, particularly self-insured businesses;
C. philanthropic organizations;
D. parent organizations; and,
E. State Head Injury Program Directors.

2.2 Application Procedures

It is anticipated that up to six cooperative agreements may be funded under this competition. The estimated average award, per year, will range from $175,000 to $200,000 for project periods of up to five years. Awards are subject to adjustment after program and peer review.

2.2.1 Due Date

The application deadline date for the ***Partnership for Information and Communication Cooperative Agreement Program*** is March 23, 2000. Applications shall be considered as meeting the deadline if they are: (1) received on or before the deadline date; or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks shall not be acceptable as proof of timely mailing.) Late applications will be returned to the applicant.

2.2.2 Letter of Intent

If you intend to submit an application for this grant program, please notify the Maternal and Child Health Bureau (MCHB), ***Partnership for Information and Communication Cooperative Agreement Program*** by February 4, 2000. You may notify your intent to apply in one of three ways:

Telephone: Stuart Swayze, MSW
301.443.2917

Electronic Mail: sswayze@hrsa.gov

Mail: Stuart Swayze, MSW
Division of Child, Adolescent and Family Health
Parklawn Building, Room 18A-38
5600 Fishers Lane
Rockville, Maryland 20857

2.2.3 Electronic Access

Federal Register notices and application guidance for MCHB programs are available on the MCHB Homepage via World Wide Web at: http://www.mchb.hrsa.gov. Click on the file format you desire either WordPerfect 6.1 or Adobe Acrobat (The Adobe Acrobat Reader is also available for download on the MCHB Homepage).

If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical assistance, please contact ***Alisa Azarsa at (301) 443-8989 or aazarsa@psc.gov.***

2.2.4 Official Application Kit

If applicants are unable to access application materials electronically, as explained in

Section 2.2.3, a hard copy of the official grant application kit must be obtained from the **HRSA Grants Application Center at the address listed in Section 2.2.6.** The HRSA Grants Application Center staff will acknowledge and confirm, in writing, receipt of the application.

2.2.5 Copies Required

Applicants are required to submit one ink-signed original and two copies of the completed application. An additional four copies (which totals 1 original plus 6 copies), although not required will facilitate the review process.

2.2.6 Mailing Address

All applications should be mailed or delivered to:

HRSA Grants Application Center/***CFDA# 93.110 G***
1815 N. Fort Myer Drive, Suite 300
Arlington, Virginia 22209
Telephone: 1-877-HRSA-123
Fax: 1-877-HRSA-345
E-mail address: hrsagac@hrsa.gov

2.3 MCHB Requirements

EXCEPT WHERE NOTED, APPLICANTS MUST MEET THE REQUIREMENTS LISTED BELOW. IF AN APPLICANT FAILS TO MEET THESE REQUIREMENTS, THE APPLICATION MAY NOT BE ACCEPTED FOR REVIEW AND MAY BE RETURNED TO THE APPLICANT.

2.3.1 Complete Required Application Standard Forms And Provide Budget Justification

It is required that applicants must submit on supplemental sheet(s) a justification for each individual budget category itemized. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justifications of contracts are required for grants management review.

Each applicant should include funds in the proposed budget for one trip annually for one to two people to the Washington, D.C. area to confer with MCHB program staff.

As part of our efforts to streamline the grant process, a separate budget is required for each budget year requested. For example, if the applicant organization requests three years of grant support, three budget pages and justification are required for each year. **Proposals submitted without a budget and justification for each budget year requested may not be favorably considered for funding**. This provides the budget information needed for next year's progress report as referenced under Future Reporting Requirements
(see Section 3.3.2).

2.3.2 Public Health System Reporting Requirements

With exceptions for MCH Research and Training, all programs are subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community- based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

(a) A copy of the face page of the application (SF 424);
(b) A summary of the project (PHSIS), not to exceed one page, which provides:
(1) A description of the population to be served.
(2) A summary of the services to be provided.
(3) A description of the coordination planned with the appropriate State and local health agencies.

It is also permissible to substitute the Project Abstract in place of the PHSIS. If the applicant chooses, the procedure to follow can be found in Chapter 3, section 3.5.

2.3.3 Future Reporting Requirements

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations that apply ("Monitoring and Reporting Program Performance" 45 CFR Part 74.51 and Part 92.40). Successful applicants will be required to provide an annual progress report. The progress report will be included in the continuation application each year. The progress report should include: (1) a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been

encountered and strategies/steps taken to overcome them; (2) progress on specific goals and objectives as outlined in this application and revised in consultation with the Federal project officer; (3) current staffing, including the roles and responsibilities of each staff and a discussion of any difficulties in hiring or retaining staff ; (4) technical assistance needs; and, (5) a description of linkages that have been established with other programs.

2.3.4 Address All Review Criteria In A Substantive Manner

(For specific instructions, refer to Chapter 4, Sections 4.1 and 4.2)

2.4 Policy Issuances

2.4.1 Healthy People 2000 Language

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a HRSA-led national activity for setting priority areas. The Partners for Information and Communication Cooperative Agreement Programs addresses issues related national health promotion and disease prevention objectives related to mothers, infant, children, adolescents, and youth as described in the Healthy People 2000 objectives of 17.20: *Increase to 50 the number of states that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239.* Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office Washington, DC 20402-9325 (telephone: 202-512-1800).

Information on Healthy People 2010 will not be available until January 2000. At that time, information will be provided as to where copies of Healthy People 2010 may be obtained.

2.4.2 Smoke-Free Environment

The Maternal and Child Health Bureau strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

2.4.3 Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service

delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsible to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under represented groups is supported through programs and projects sponsored by the MCHB.

2.4.4 Evaluation Protocol

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, all MCHB discretionary grant projects are expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than on intermediate process measures.

The protocol should be based on a clear rationale relating to the identified needs of the target population with grant activities, project goals, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. Projects incorporating the expertise of a professional evaluation specialist (either on-staff or as a consultant) at the design stage of the project methodology, in addition to the evaluation stage, will be given priority consideration.

2.4.5 Cultural Competence Language

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time. For a more descriptive definition, refer to the Glossary, Enclosure D.

2.4.6 The Year 2000 Compliance

The Year 2000 computer problem is an important concern for all health care providers. As a Health Resources and Services Administration grantee, you are not only responsible for the services you provide, but also for the programmatic, administrative and financial functions that support these services. As a result, you must take all steps necessary to ensure your computer systems function properly into the year 2000.

2.5 Checklist

Refer to this "Checklist" on the next page for a complete listing of all components to be included in the application.

CHECKLIST FOR COMPETITIVE APPLICATION

FY 2000

SUBMIT 1 ORIGINAL, INK-SIGNED APPLICATION AND 2 SIGNED COPIES, ALL NUMBERED AND UNBOUND (FOR EASE OF COPYING). INCLUDE THE FOLLOWING:

1. ____ Letter Of Transmittal
2. ____ Table Of Contents For Entire Application With Page Numbers

Budget Information

3. ____ SF 424 Application For Federal Assistance
4. ____ ***Checklist Included With PHS 5161-1.*** Provide The Name, Address, And Telephone Number For Both The Individual Responsible For Day-To-Day Program Administration And The Finance Officer
5. ____ SF 424A Budget Information--Non-Construction Programs
6. ____ Budget Justification
   (Includes The Budget Narrative, Supplemental Sheets and Key Personnel Form and Appropriate Attachments)

Federal Assurances

7. ____ Intergovernmental Review Under E.O. 12372, If Required By State
8. ____ SF 424B Assurances--Non-Construction Programs
9. ____ Department Certification (45 CFR Part 76)
10. ____ Certification Regarding Drug-Free Workplace Requirements
11. ____ Certification Regarding Debarment and Suspension
12. ____ Lobbying Certification
13. ____ Public Health System Impact Statement

Description Of Program

14. ____ Project Abstract, Maximum of Two Pages ***(label as ATTACHMENT A)***
15. ____ Project Narrative, Maximum of 30 Pages
16. ____ Appendices, Maximum of 50 Pages

CHAPTER III INSTRUCTIONS FOR COMPLETING THE APPLICATION

3.1 How to Organize the Application

You should assemble the application in the order shown below:

- Table of contents for entire application with page numbers
- SF-424 Application for Federal Assistance
- Checklist included with the PHS 5161-1
- SF 424A Budget Information--Non-Construction Programs
- Budget Justification
- Key Personnel form (Attachment C)
- Federal Assurances (SF 424B)
- Project Abstract (Attachment A)
- Project Narrative
- Appendices
- Project Personnel Allocation Chart (Attachment D)

3.2 Application Assistance

Applicants are encouraged to request assistance in the development of the application.

For additional information regarding business, administrative, or fiscal issues related to the awarding of Cooperative Agreements under the ***Partnership for Information and Communication Program*** initiative, applicants may contact:

Mr. Curtis Colston
Grants Management Specialist
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3438
Fax: (301) 443-6686
E-mail: ccolston@hrsa.gov

To obtain additional information relating to technical and program issues under the ***Partnership for Information and Communication Program*** initiative, applicants may contact:

Stuart Swayze, MSW
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau, HRSA

Parklawn Building, Room 18A-38
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-2917
Fax: (301) 443-1296
E-Mail: sswayze@hrsa.gov

Additional assistance can also be obtained from the MCHB Regional/Field Offices (Enclosure A).

3.3 Overview of Required Application Forms and Related Program Concerns

The application Form PHS-5161-1 is the official document to use when applying for an grant under the ***Partnership for Information and Communication Cooperative Agreement Program***. The Form PHS 5161-1 is composed of seven sections, which are described more fully on page 1 of the "Public Health Service Grant Application Form PHS-5161-1," in section one entitled "General Information and Instructions."

Please submit an original ink-signed and two copies of each of the following:

Grant Application Form PHS-5161-1: a) Application for Federal Assistance-Standard Form (SF) 424; b) Budget Information - Non-Construction Programs, SF-424A; c) Assurances - Non-Construction Programs, SF-424B; d) Certifications; e) Checklist including administrative official and individual responsible for directing the program/project; and f) Public Health System Impact Statement.

3.3.1 Budget

For each part of Form PHS 5161-1, 6025-1, or 398, it is required that applicants submit on supplemental sheet(s) a justification for each individual budget category itemized. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justifications of contracts are required for grants management review.

Each applicant should include funds in the proposed budget for one trip annually for one to two people to the Washington, D.C. area to confer with MCHB program staff.

3.3.2 Consolidated Budget

As part of our efforts to streamline the grant process, a separate budget is required for each budget year requested. For example, if the applicant organization requests three years of grant support, three budget pages and justification are required for each year. **Proposals submitted without a budget and justification for each budget year requested may not be favorably considered for funding**. This provides the budget information needed for ***the*** next year's Summary Progress Report.

The Key Personnel Form, Attachment C, may be used as a supplement to the Budget Narrative. Key personnel can be identified by name (if known), total percent of time and salary required under the grant, and if applicable, amounts provided by in-kind or by other sources of funds (including other Federal funds) to support the position. The budget justification for personnel addresses time commitment and skills required by the project plans. Similar detailed and itemized justifications must be provided for requested travel items, equipment, contractual services, supplies and other categories and for indirect costs.

3.3.3 Indirect Costs

Please note that if indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. The indirect costs rate refers to the "Other Sponsored Program/Activities" rate and not the research rate.

3.4 How to Format the Application

MCHB prefers that the format and style of each application substantially reflect the format and style **DESCRIBED** in this guidance. To promote readability and consistency in organization, MCHB has established specific conventions for the format of the project abstract, the project narrative and appendices. Conventions for each are discussed below. Wherever conventions for the individual parts of the grant proposal differ, the parts are discussed separately. Otherwise, the specific convention applies to all parts of the grant proposal.

A clearly written and easy-to-read grant proposal should be the goal of every applicant since the outcome of the review process depends on information provided in the application narrative. Therefore, MCHB urges all applicants to review the applications for the following:

- Correct grammar, spelling, punctuation, and word usage,

- Consistency in style. Refer to a good style manual, such as The Elements of Style by Professors William Strunk, Jr. and E. B. White, *Words into Type*, *The Chicago Manual of Style*, or Government Printing Offices *A Manual of Style.*

- Consistency of references (e.g., in this guidance document the Maternal and Child Health

Bureau is called the Maternal and Child Health Bureau or MCHB.)

C **Typeface**--Use any easily readable typeface, such as Times New Roman, Courier, or New Century Schoolbook.

C **Type Size**--Size of type must be at least 10-point; 12-point is preferable. Type density must be no more than 15 characters per inch. No more than six lines of type must be within a vertical inch. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above but must be readily legible.

C **Margins**--The initial left and all right margins should be 1 inch. The left margin may change when using the decimal ranking illustrated and described below. Top and bottom margins should be 1-1/2 inches each.

C **Page Numbering**

- **Project Abstract**--Consecutive, lowercase Roman numerals should appear centered at the bottom of the appropriate page. These should be a continuation of the numbering of the Table of Contents.

- **Project Narrative**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. They should paginate all charts or figures appearing within the body of the text consecutively with the text.

- **Application Tables**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. All information presented in tabular form should be paginated.

- **Appendices**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page.

C **Table of Contents**--A Table of Contents is required. Use the Table of Contents of this Guidance as a formatting and style guide.

C **Page Limit and Spacing**-- (Note: If applications exceed the limits specified below, they are subject to being returned without review.)

3.5 Project Abstract

The Project Abstract (label as Attachment A) of all approved and funded applications will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled *Abstract of*

Active Projects. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects. It is widely distributed to MCHB grantees, Title V programs, academic institutions, and government agencies. Please refer to Enclosures B and C for instructions.

This two page abstract may be submitted in lieu of the Public Health System Impact Statement (PHSIS) described in Section 2.3.3

3.5.1 Format Guidelines

- Use plain paper (not stationery or paper with borders or lines).
- Single-space your abstract.
- Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- Use a standard (nonproportional) 12-pitch font or typeface such as courier.
- Type section headings in all capital letters followed by a colon. Double-space after the heading and begin the narrative flush with the left-margin. There is no space limitation on sections, but the abstract itself should not exceed two pages. Sections should be single-spaced with double-space between section headings, i.e., Problem(s), Goals and Objectives, Methodology, Evaluation, Coordination, and Key Words.

3.5.2 Project Identifier Information

Project Title:	List the title as it appears on the Notice of Grant Award.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Phone Number:	Include area code, phone number, and extension if necessary.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
World Wide Web:	If applicable, include your project's web site address.
Project Period:	Include the entire funding period for the project, not just the one year budget period.

3.5.3 Text of Abstract

Prepare a two page (single-spaced) description of your project, using the following headings:

PROBLEM: Briefly (in one or two paragraphs) state the principal health problems, status, or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objects in a number list.

METHODOLOGY: Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives.

3.5.4 Key Words

Key words are the terms under which your project will be listed in the subject index of the abstracts book. Select significant terms which describe the project, including populations served.

3.5.5 Submitting Your Abstract

The National Center for Education in Maternal and Child Health (NCEMCH) will prepare the abstract for publication. It is very important that you submit a disk of your abstract along with an original hard copy, rather than a photocopy, of the abstract. NCEMCH can convert many different software packages. Simply indicate which package you have used by writing the name of the package on the disk's label.

3.6 Preparing the Appendices

Appendices--Appendices must not exceed 50 pages and must include all supporting documentation, such as (1) curricula vitae, (2) job descriptions, (3) letters of agreement and support, (4) evaluation tools, and (5) protocols. Job descriptions and curricula vitae must not exceed two pages each. Spacing will vary depending on the nature of the appendix, but only one-sided pages are acceptable. Appendices should be brief and supplemental in nature.

APPLICATIONS WITH APPENDICES THAT EXCEED THE MAXIMUM NUMBER OF PAGES WILL NOT BE ACCEPTED FOR REVIEW AND WILL BE RETURNED

TO THE APPLICANT.

Do not include pamphlets or brochures in the application package unless they were specifically created for the project. Refer to style and format, Section 3.4 of this chapter for specific conventions to be followed in formatting appendices. Examples of useful items include the following:

- **Rosters of Board or Executive Committee Members** -- Including indications of consumer representation.

- **Copies of Written Documentation** -- Descriptions of relationships between the proposed program and affiliated departments, institutions, agencies, or individual providers, family members or consumer advocacy groups, and the responsibilities of each. Examples of documentation include: letters of support, understanding, or commitment; memoranda of agreement.

- **Job Descriptions** -- Descriptions of responsibilities for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other sources. At a minimum, be sure to spell out the following:

  - Administrative direction and to whom it is provided;

  - Functional relationships (e.g. to whom does the individual report and how does the position fit within its organizational area in terms of training and service functions);

  - Duties and scope of responsibilities;

  - Minimum qualifications (e.g. the minimum requirements of education, training, and experience needed to do the job);

  - Job descriptions reflect the functional requirements of each position, not the particular capabilities or qualifications of given individuals;

  - Each job description should be separate and must not exceed two pages in length.

- **Curricula Vitae** -- Include vitae for each incumbent in a position for which a job description is submitted. Each curriculum vitae must not exceed two pages. The Biographical Sketch included in Attachment B may be used for this purpose.

CHAPTER IV REVIEW CRITERIA AND PROCESS

4.1 General Criteria

The criteria which follow are used, as pertinent, to review and evaluate applications for awards under all SPRANS/CISS grants and cooperative agreement project categories announced in this notice. Further guidance in this regard is supplied in application guidance materials, which may specify variations in these criteria.

1. The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs;

2. The extent to which the project is responsible to policy concerns applicable to MCHB grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials;

3. The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results;

4. The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel (e.g., national expertise and capacity in addressing issues related to ***Partnership for Information and Communication Cooperative Agreement Program*** through technical assistance and training activities);

5. The extent to which the proposed activities are capable of attaining project objectives;

6. The strength of the project's plans for evaluation;

7. The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s); and

8. The extent to which the application is responsible to the special concerns and programs priorities specified in the notice.

4.2 Specific Review Criteria and Instructions for Preparing the Project Narrative

The project narrative may not exceed 30 pages. The page limit includes any referenced charts or figures but does not include the project abstract (separate page limit is given above), the budget justification, tables, or appendices. Only double-spaced, one-sided pages are acceptable.

APPLICATIONS THAT EXCEED THE MAXIMUM NUMBER OF PAGES WILL NOT BE ACCEPTED FOR REVIEW AND WILL BE RETURNED TO THE APPLICANT.

The following outline should be adhered to as a guide for development of the proposal narrative. The application's project narrative must fully address each of the following review criteria:

4.2.1 Representational Capacity of Applicant

The extent to which the applicant provides evidence of capacity to identify and represent the interest and concerns of one or more of the priority groups listed in Section 2.1 on Page 3**.**

4.2.2 Identification and Analysis of Specific Issues and General Concerns in Maternal and Child Health

The extent to which the applicant identifies and describes programmatic issues in maternal and child health that are of concern to both the MCHB and to the applicant (see Purpose Section on page 1), analyzes factors relevant to these issues, and determines their susceptibility to change.

4.2.3 Strategies for Addressing Problems

The extent to which the applicant discusses methods for achieving a functional collaboration between it and the MCHB which addresses the items listed in the "Purpose" section and which also addresses any issues identified in the "Identification and Analysis" section above. Most importantly, the applicant:

-- must address, in an easily perceived manner, how the applicant organization will improve the capacity of the MCHB to effectively transmit information about important maternal and child health issues to the applicant's target population, and

-- must describe how it will initiate or increase a dialogue between organization

members and the MCHB to increase the prospect of effective maternal and child health programming.

4.2.4 Monitoring and Evaluation

The extent to which the applicant describes how the project staff will determine the degree to which proposed activities are being successfully conducted and completed, based on the objectives outlined. All key activities that warrant tracking must be identified and measured as to the achievement of project goals and objectives.

4.2.5 Capabilities of the Applicant

The extent to which the applicant demonstrates that it is capable of successfully carrying out the project. A sufficient number of project personnel and resources are proposed. Curricula vitae must document education, skills and experience that are relevant and necessary for the proposed project.

4.2.6 Budget Justification

The extent to which the applicant documents how it will support the activities outlined in the budget and provides a justification of how each requested item was determined relative to the project plan. In the case of personnel, the number of person-hours for each staff person should be justified in terms of the project activities requiring the knowledge, skills, and experience of each person. Similar justification shall be provided for travel times, equipment, contractual services, supplies, and other categories.

Justification for contractual services shall include the purpose, scope and project cost of the contract. The derivation of travel costs includes who, where, length of time, purpose, and associated costs of each proposed trip.

4.3 Review Process

A multidisciplinary panel of outside experts will review and evaluate all complete applications. The evaluation of each individual application will be based exclusively on the quality of each required section of the project narrative and the program specific requirements.

At least two members of the entire panel will evaluate an entire application. All other panel members will have the opportunity to read the application abstract. After an analysis by two reviewers and a discussion by the panel, all panel members will vote for a recommendation of approval or disapproval. Any panelist who has a conflict of interest with a given application is excused from the panel during the presentation, discussions, and voting of that particular

application.

4.4 Funding of Approved Applications

Final funding decisions for SPRANS grants and cooperative agreements are the responsibility of the Associate Administrator for Maternal and Child Health. In considering scores for the ranking of approved applications for funding, preferences may be exercised for groups of applications, e.g., competing continuations may be funded ahead of new projects. Within any category of approved projects, the score of an individual project may be favorably adjusted if the project addresses specific priorities identified in Section 1.2 of this Guidance under MCHB Directives. In addition, special consideration in assigning scores may be given by reviewers to individual applications that address areas identified in this notice as special concerns.

REGIONAL/FIELD OFFICES
MATERNAL AND CHILD HEALTH

Enclosure A

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Instructions to new grantees: **Enclosure B**

How to prepare abstracts and annotations for the first time

(different guidelines apply for abstracts prepared in subsequent years of the grant)

Guidelines for preparing your abstract

Provide an abstract that can be published in the Maternal and Child Health Bureau's (MCHB) annual publication, *Abstracts of Active Projects Funded by MCHB*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects.

Guidelines follow to assist you in preparing acceptable abstracts for publication. In general, please note:

- Abstracts should be two page descriptions of the project
- Use plain paper (not stationery or paper with borders or lines).
- Double-space your abstract.
- Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- Use a standard (nonproportional) 12-pitch font or typeface such as courier.

1. Project Identifier Information

Project Title:	List the appropriate shortened title for the project.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
World Wide Wed address:	If applicable, include the address for you project's World Wide Web site on the Internet.
Project Period:	Include the entire funding period for the project, not just the one-year budget period.

2. Text of Abstract

Prepare a two page (double-spaced) description of your project, using the following headings:

PROBLEM: Briefly (in one or two paragraphs) state the principal health problems, status, or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objects in a number list.

METHODOLOGY: Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities that have been proposed or are being implemented to achieve the stated goals and objectives. Lists with numbered items are sometimes used in this section.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives. This section is usually one or two paragraphs in length.

3. Key Words

Key words are the terms under which your project will be listed in the subject index of the abstracts book. Select significant terms which describe the project, including populations served. A list of key words used to classify active projects is enclosed. Choose keywords from this list when describing your project.

Guidelines for Preparing Your Annotation

Prepare a three- to five-sentence description of your project which identifies the project's purpose, the needs and problems which are addressed, the goals and objectives of the project, the activities which will be used to attain the goals, and the materials which will be developed.

Submitting your abstract and annotation

The National Center for Education in Maternal and Child Health (NCEMCH) will prepare the abstract for publication. Thus, if at all possible, it is **very** important that you submit a disk of your abstract (and annotation) along with a hard copy. NCEMCH can convert may different software packages. Simply indicate which package you have used by writing the name of the package on the disk's label.

Send an original, rather than a photocopy, of the abstract and the annotation. If you cannot send a disk, it may be possible to scan the document and thus avoid the need to re-key the text.

Enclosures:
Sample abstract
List of key words

Enclosure C

Sample NEW Abstract

(This abstract is presented as a sample format, not as a guide to content preparation.)

Project Title:	Healthy Families Manitowoc County
Project Number:	MCJ 55KL01
Project Director:	Amy Wergin, R.N.
Contact Person:	
Grantee:	Manitowoc County Health Department
Address:	823 Washington Street Manitowoc, WI 54220
Phone Number:	(414) 683-4155
Fax Number:	(414) 683-4156
E-mail Address:	WERG100W@WONDER.EM.CDC.GOV
World Wide Web address:	
Project Period:	10/01/97 - 09/30/01

Abstract:

PROBLEM: The health care system in Manitowoc County is changing dramatically as the State institutes Medicaid managed care in a community in which before April 1996 there were no active HMOs. Not only are the recipients of care experiencing change, but the entire health care system is looking at providing health care in a totally different atmosphere. Preventable hospitalizations of children are 41-percent higher and asthma hospitalizations of children are 24-percent higher than the State average. The incidence of child abuse and neglect in Manitowoc County is consistently higher than the State of Wisconsin and other comparable counties in the State. Research over the last 2 decades has consistently confirmed that providing education and support services around the time of the baby's birth, and continuing for months or years afterward significantly reduces the risk of child abuse and contributes to positive, healthy child-rearing practices, including increased use of preventive health care.

Manitowoc County has completed a preliminary assessment of parenting education and support resources and has determined that although there are services available for parents, they are not coordinated, are initiated too late, and are not accessible to all county residents.

GOALS AND OBJECTIVES: The goal is to develop and implement universally offered, integrated, coordinated, collaborative, prevention-based, in-home visitation program for the first-time families of Manitowoc County based on the Healthy Families America model and to increase local capacity and commitment to provide these supportive services. These objectives will be used to attain the goal:

1. Increase the number of first-time families who access preventive health care for their children;
2. Reduce the incidence of preventable hospitalizations in targeted families; and
3. Reduce the incidence of child abuse and neglect in targeted families.

METHODOLOGY: A program manager will be hired to assist the Healthy Families Subcommittee of the Parenting Task Force of the Manitowoc County Asset-Building Community Initiative to develop and implement a collaborative in-home visitation service for first-time families of Manitowoc County. The program manager will complete the assessment of existing resources; facilitate the formation of agreements between services providers to actively collaborate; design a workplan to implement the Healthy Families Manitowoc County program based on the national model using "best practice" methodology, clear and measurable objectives, and an ongoing evaluation process; secure the funding needed, with the assistance of the consortium, for additional in-home visitation services needed to implement Healthy Families Manitowoc County; and be responsible for the implementation of the Healthy Families Manitowoc County Initiative.

COORDINATION: Healthy Families Manitowoc County will be a collaborative project that is a component of the Asset-Building Community Initiative of Manitowoc County. Stakeholders in the initiative are the Manitowoc County Health Department, Manitowoc County Human Services Department, Manitowoc County Board of Supervisors, sheriff's department, University of Wisconsin—Extension, city of Manitowoc, city of Two Rivers, city of Kiel, all six school districts in Manitowoc County, United Way, the Chamber of Commerce and business leaders, Head Start, Lakeshore Community Action Program and the Family Education and Resource Center, the Mental Health Association, Two Rivers Community Hospital, Holy Family Memorial Medical Center, the Domestic Violence Center, YMCA, local clergy, and citizen members. The final product will be the consensus of all the community stakeholders and service providers involved in services to first-time families in Manitowoc County.

EVALUATION: In designing the evaluation component of Healthy Families Manitowoc County the following guidelines will be followed:

1. The evaluation will include a range of outcome measures.
2. Multiple methods of data collection will be utilized to obtain information on all critical outcome measures.
3. The data collection system will be integrated into the program's ongoing client information system.
4. Client and control assessment will be completed on a predetermined schedule.
5. Process evaluation will be included in the component.

Keywords:

Community Integrated Service System; Families; Parent Education Programs; Family Support Services; Health Care Utilization; Home Visiting Services; Provider Participation; Child Abuse Prevention; Child Neglect; Medicaid Managed Care; Preventive Health Care.

Annotation:

The goal is to develop an integrated, coordinated, collaborative, prevention-based, universal, in-home visitation program for first-time families of Manitowoc County based on the Healthy Families America model. The purpose is to increase the competency of parents, increase the use of preventive health care in targeted families, and reduce the incidence of child abuse and neglect. A project manager will be hired to implement Healthy Families Manitowoc County in collaboration with existing family support and education programs.

Keywords for projects funded by the
U.S. Maternal and Child Health Bureau (MCHB)

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project.

Please note that this list is constantly under development: new terms are being added and some terms are being deleted. Also, this list is currently being revised so that it will match more closely the approved list of keywords in the MCH Thesaurus. In the meantime, however, this list can be used to help select keywords to describe MCHB-funded projects.

If no term on this list adequately describes a concept which you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Access to Health Care
Adolescent Health Programs
Adolescent Nutrition
Adolescent Parents
Adolescent Pregnancy
Adolescent Pregnancy Prevention
Adolescent Risk Behavior Prevention
Adolescents
Adolescents with Disabilities
Advocacy
African Americans
Agricultural Safety
AIDS
AIDS Prevention
Alaska Natives
Alcohol
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Public Health Association
Amniocentesis
Anemia
Anticipatory Guidance
Appalachians
Arthritis
Asian Language Materials
Asians
Asthma
Attachment
Attachment Behavior
Attention Deficit Disorder
Audiology
Audiometry
Audiovisual Materials
Baby Bottle Tooth Decay
Battered Women
Behavior Disorders
Behavioral Pediatrics
Bereavement
Bicycle Helmets
Bicycle Safety
Bilingual Services
Biochemical Genetics
Blindness
Blood Pressure Determination
Body Composition
Bonding
Brain Injuries
Breast Pumps
Breastfeeding
Bronchopulmonary Dysplasia
Burns
Cambodians
Caregivers
Case Management
Cerebral Palsy
Chelation Therapy
Child Abuse
Child Abuse Prevention
Child Care
Child Care Centers
Child Care Workers
Child Mortality
Child Neglect
Child Nutrition
Child Sexual Abuse
Childhood Cancer
Children with Special Health Needs
Chronic Illnesses and Disabilities
Cleft Lip
Cleft Palate
Clinical Genetics
Clinics
Cocaine
Collaborative Office Rounds
Communicable Diseases
Communication Disorders
Communication Systems
Community Based Health Education
Community Based Health Services
Community Based Preventive Health
Community Development
Community Health Centers
Community Integrated Service System
Community Participation
Compliance
Comprehensive Primary Care
Computer Linkage
Communication
Computer Systems
Computers
Conferences
Congenital Abnormalities
Consortia
Continuing Education
Continuity of Care
Cost Effectiveness
Counseling

County Health Agencies
Craniofacial Abnormalities
Cultural Diversity
Cultural Sensitivity
Curricula
Cystic Fibrosis
Cytogenetics
Data Analysis
Data Collection
Data Systems
Databases
Deafness
Decision Making Skills
Delayed Development
Dental Sealants
Dental Treatment of Children with Disabilities
Depression
Developmental Disabilities
Developmental Evaluation
Developmental Screening
Diagnosis
Diarrhea
Dietitians
Dispute Resolution
Dissemination
Distance Education
Divorce
DNA Analysis
Down Syndrome
Drowning
Early Childhood Development
Early Intervention
Electronic Bulletin Boards
Electronic Mail
Eligibility Determination
Emergency Medical Services for Children
Emergency Medical Technicians
Emergency Room Personnel
Emotional Disorders
Emotional Health
Employers
Enabling Services
Enteral Nutrition
EPSDT
Erythrocyte Protoporphyrin
Ethics
Evoked Otoacoustic Emissions
Failure to Thrive
Families
Family Centered Health Care
Family Centered Health Education
Family Characteristics
Family Environment
Family Medicine
Family Planning
Family Professional Collaboration
Family Relations
Family Support Programs
Family Support Services
Family Violence Prevention
Farm Workers
Fathers
Feeding Disorders
Fetal Alcohol Effects
Fetal Alcohol Syndrome
Financing
Food Preparation in Child Care
Formula
Foster Care
Foster Children
Foster Homes
Foster Parents
Fragile X Syndrome
Genetic Counseling
Genetic Disorders
Genetic Screening
Genetic Services
Genetics Education
Gestational Weight Gain
Glucose Intolerance
Governors
Grief
Gynecologists
Hawaiians
Head Start
Health Care Financing
Health Care Reform
Health care utilization
Health Education
Health Insurance
Health Maintenance Organizations
Health Professionals
Health Promotion
Health Supervision
Healthy Mothers Healthy Babies Coalition
Healthy Start Initiative
Healthy Tomorrows Partnership for Children
Hearing Disorders
Hearing Loss
Hearing Screening
Hearing Tests
Hemoglobinopathies
Hemophilia
Hepatitis B
Hispanics
HIV
Hmong
Home Health Services
Home Visiting for At Risk Families
Home Visiting Programs
Home Visiting Services
Homeless Persons
Hospitals
Hygiene
Hyperactivity
Hypertension
Illnesses in Child Care
Immigrants
Immunization
Incarcerated Women
Incarcerated Youth
Indian Health Service
Indigence
Individualized Family Service Plans
Infant Health Care
Infant Morbidity
Infant Mortality
Infant Mortality Review Programs
Infant Nutrition
Infant Screening
Infant Temperament
Infants
Information Networks
Information Services
Information Sources
Information Systems
Injuries
Injury Prevention
Intensive Care
Interagency Cooperation
Interdisciplinary Teams
Internship and Residency
Intubation
Iron Deficiency Anemia
Iron Supplements
Jews
Juvenile Rheumatoid Arthritis
Laboratories
Lactose Intolerance
Language Barriers
Language Disorders
Laotians
Lead Poisoning
Lead Poisoning Prevention
Lead Poisoning Screening

Leadership Training
Learning Disabilities
Legal Issues
Life Support Care
Literacy
Local Health Agencies
Local MCH Programs
Low Birthweight
Low Income Population
Lower Birthweight
Males
Managed Care
Managed Competition
Marijuana
Marital Conflict
Maternal and Child Health Bureau
Maternal Nutrition
MCH Research
Media Campaigns
Medicaid
Medicaid Managed Care
Medical Genetics
Medical History
Medical Home
Mental Health
Mental Health Services
Mental Retardation
Metabolic Disorders
Mexicans
Micronesians
Migrant Health Centers
Migrants
Minority Groups
Minority Health Professionals
Mobile Health Units
Molecular Genetics
Morbidity
Mortality
Motor Vehicle Crashes
Multiple Births
Myelodysplasia
National Information Resource Centers
National Programs
Native Americans
Needs Assessment
Neonatal Intensive Care
Neonatal Intensive Care Units
Neonatal Mortality
Neonates
Networking
Neurological Disorders
Newborn Screening
Nurse Midwives
Nurses
Nutrition
Obstetricians
Occupational Therapy
One Stop Shopping
Online Databases
Online Systems
Oral Health
Organic Acidemia
Otitis Media
Outreach
P. L. 99-457
Pacific Islanders
Pain
Paraprofessional Education
Parent Education
Parent Education Programs
Parent Networks
Parent Professional Communication
Parent Support Groups
Parent Support Services
Parental Visits
Parenteral Nutrition
Parenting Skills
Parents
Patient Education
Patient Education Materials
Pediatric Advanced Life Support Programs
Pediatric Dentistry
Pediatric Intensive Care Units
Pediatric Nurse Practitioners
Pediatricians
Peer Counseling
Peer Support Programs
Perinatal Health
Phenylketonuria
Physical Disabilities
Physical Therapy
Pneumococcal Infections
Poisons
Preconception Care
Pregnant Adolescents
Pregnant Women
Prematurity
Prenatal Care
Prenatal Diagnosis
Prenatal Screening
Preschool Children
Preterm Birth
Preventive Health Care
Preventive Health Care Education
Primary Care
Professional Education in Adolescent Health
Professional Education in Behavioral Pediatrics
Professional Education in Breastfeeding
Professional Education in Chronic Illnesses and Disabilities
Professional Education in Communication Disorders
Professional Education in CSHN
Professional Education in Cultural Sensitivity
Professional Education in Dentistry
Professional Education in Developmental Disabilities
Professional Education in EMSC
Professional Education in Family Medicine
Professional Education in Genetics
Professional Education in Lead Poisoning
Professional Education in MCH
Professional Education in Metabolic Disorders
Professional Education in Nurse Midwifery
Professional Education in Nursing
Professional Education in Nutrition
Professional Education in Occupational Therapy
Professional Education in Physical Therapy
Professional Education in Primary Care
Professional Education in Psychological Evaluation
Professional Education in Pulmonary Disease
Professional Education in Social Work
Professional Education in Violence Prevention
Provider Participation
Psychological Evaluation
Psychological Problems
Psychosocial Services
Public Health Academic Programs
Public Health Education
Public Health Nurses
Public Policy
Public Private Partnership

Puerto Ricans
Pulmonary Disease
Quality Assurance
Recombinant DNA Technology
Referrals
Regional Programs
Regionalized Care
Regulatory Disorders
Rehabilitation
Reimbursement
Repeat pregnancy prevention
Research
Residential Care
Respiratory Illnesses
Retinitis Pigmentosa
Rheumatic Diseases
RNA Analysis
Robert Wood Johnson Foundation
Runaways
Rural Population
Russian Jews
Safety in Child Care
Safety Seats
Sanitation in Child Care
School Age Children
School Dropouts
School Health Programs
School Health Services
School Nurses
Schools
Screening
Seat Belts
Self Esteem
Sensory Impairments
Service Coordination
Sex Roles
Sexual Behavior
Sexuality Education
Sexually Transmitted Diseases
Shaken Infant Syndrome
Siblings
Sickle Cell Disease
Sleep Disorders
Smoking During Pregnancy
Social Work
Southeast Asians
Spanish Language Materials
Special Education Programs
Specialized Care
Specialized Child Care Services
Speech Disorders
Speech Pathology
Spina Bifida
Spouse Abuse
Standards of Care
State Health Agencies
State Health Officials
State Legislation
State Programs
State Staff Development
State Systems Development
Initiative
Stress
Substance Abuse
Substance Abuse Prevention
Substance Abuse Treatment
Substance Abusing Mothers
Substance Abusing Pregnant Women
Substance Exposed Children
Substance Exposed Infants
Sudden Infant Death Syndrome
Suicide
Supplemental Security Income Program
Support Groups
Surveys
Tay Sachs Disease
Technology Dependence
Teleconferences
Television
Teratogens
Terminally Ill Children
Tertiary Care Centers
Thalassemias
Third Party Payers
Title V Programs
Toddlers
Training
Transportation
Trauma
Tuberculosis
Twins
Uninsured
Unintentional Injuries
University Affiliated Programs
Urban Population
Urinary Tract Infections
Usher Syndrome
Vietnamese
Violence
Violence Prevention
Vision Screening
Vocational Training
Waiver 1115
Well Baby Care
Well Child Care
WIC
Youth in Transition

Enclosure D

GLOSSARY

Capacity - Program capacity includes delivery systems, workforce, policies, and support systems (e.g., training, research, technical assistance, and information systems) and other infrastructure needed to maintain service delivery and policy making activities. Program capacity results measure the strength of the human and material resources necessary to meet public health obligations. As program capacity sets the stage for other activities, program capacity results are closely related to the results for process, health outcome, and risk factors.

Care Coordination Services for CSHCN - those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families. *[Title V Sec. 501(b)(3)*]

Case Management Services - For pregnant women - those services that assure access to quality prenatal, delivery and postpartum care. For infants up to age one - those services that assure access to quality preventive and primary care services. *(Title V Sec. 501(b)(4)*

Community - a group of individuals living as a smaller social unit within the confines of a larger one due to common geographic boundaries, cultural identity, a common work environment, common interests, etc.

Community-based Care - services provided within the context of a defined community.

Cultural Competence - the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multi cultural staff in the policy development, administration and provision of those services. Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time.

At a system, organizational or program level, cultural competence requires a comprehensive and coordinated plan. This may include consideration of the role of cultural competence as it relates to: (1) policy making; (2) infra-structure building; (3) program administration and evaluation; (4) the delivery of services and enabling supports; and (5) the individual - both those delivering and receiving such services and enabling supports. Such efforts often require the re-examination of: mission statements; policies and procedures; administrative practices; approaches for staff recruitment, hiring and retention; professional development and in-service training; the provision of translation and interpretation services; family/professional/community partnerships; health care practices and interventions including addressing

racial/ethnic health disparities and access issues; health education and promotion practices/materials; and protocols for assessing community and state strengths and needs.

At the individual level, cultural competence requires an understanding of one's own culture and world view and how they are reflected in one's attitudes and behavior. Cultural competence necessitates that one acquires values, principles, areas of knowledge, attributes and skills in order to work in cross cultural situations in a sensitive and effective manner.

Cultural competence mandates that organizations, programs and individuals must have the ability to:

1. value diversity and similarities among all peoples;
2. understand and effectively respond to cultural differences;
3. engage in cultural self-assessment at the individual and organizational levels;
4. make adaptations to the delivery of services and enabling supports; and
5. institutionalize cultural knowledge.

Direct Health Services - those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians.. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and subspecialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services - Services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

"EPSDT" - definition to be determined

Family-centered Care - a system or philosophy of care that incorporates the family as an integral component of the health care system.

Government Performance and Results Act (GPRA) - Federal legislation enacted in 1993 that requires Federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report annually on actual performance.

Infrastructure Building Services - The services that are the base of the MCH pyramid of health services and form its foundation are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Jurisdictions - definition to be determined the 9 jurisdictions of the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshal Islands, the Federated States of Micronesia and the Republic of Belau.

Needs Assessment - a study undertaken to determine the service requirements within a jurisdiction. For maternal and child health purposes, the study is to aimed at determining:

1) What is essential in terms of the provision of health services;
2) What is available; and,
3) What is missing

Outcome Objectives - Objectives that describe the eventual result sought, the target date, the target population, and the desired level of achievement for the result. Outcome objectives CAN BE related to health STATUS, PROGRAM AND/OR SYSTEMS.

Outcome Measure - The ultimate focus and desired result of any set of public health program activities and interventions is an improved health outcome. Morbidity and mortality statistics are indicators of achievement of health outcome. Health outcomes results are usually longer term and tied to the ultimate program goal.

Performance Indicator - The statistical or quantitative value that expresses the result of a performance objective.

Performance Measure - a narrative statement that describes a specific maternal and child health need, or requirement, that, when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or jurisdiction and generally within a specified time frame.

Performance Objectives - A statement of intention with which actual achievement and results can be measured and compared. Performance objective statements clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, and target populations.

Population Based Services - Preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Primary Care - the provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's or family's health care services.

Service System - a system of services for CHILDREN AND children with special health needs should be:

1. **Collaborative** - with collaboration between the State Title V program and
   (1)other relevant **State** health and non-health agencies, provider and consumer groups to develop an organizational infrastructure to facilitate systems development
   (2) public-private organizations and community leaders (formal and informal) linking health related and other **community** based services,
   (3) **families** of cultures representative of the population to be served to participate in the system development process.

2. **Family Centered** - is the process of ensuring that the ways in which services are organized and delivered meet the emotional, social and developmental needs of children and that their families are integrated into all aspects of the health care plan. In family-centered care, the key to designing and implementing successful services is to base them on needs as identified by families rather than only on needs perceived by professionals.

3. **Community Based** - where quality services are provided in or near the home community as possible. The area encompassed by a "community" would depend upon factors including population density and characteristics, apolitical subdivisions, existing arrangements for service provision and the availability of resources.

4. **Culturally Competent** - a set of congruent behaviors, attitudes, and policies that come together on a continuum in a system, agency, or individual that enable that system, agency, or individual to function effectively in trans-cultural interactions. It refers to the ability to honor and respect

beliefs, interpersonal styles, attitudes, and behaviors of families who are clients as well as the multi cultural staff who provide services. Systems and agencies need to incorporate these values at the levels of policy, administration, practice, and advocacy.

5. **Coordinated/Integrated** - having a broad array of services coordinated to assure timeliness, appropriateness, continuity and completeness of care and a mechanism to finance them.

6. **Comprehensive** - where preventive, primary, secondary and tertiary care can be accessed to address physical and mental health, nutrition, oral health, health promotion and education,ancillary therapies and emergency medical services. Other services that should be available either through one stop shopping or family friendly referrals are social, vocational, early intervention, educational, recreational and family support services.

7. **Universal** - the Title V system should be concerned with all infants, children and adolescents with or at risk for special health needs as a component of the overall health system for all pregnant women, infants, children and adolescents and their families whether served by private providers or public programs.

8. **Accessible** - services are located and provided so that consumers have physical access (convenient and handicapped accessible for families; temporal access (wide choice of service hours), and; financial access (financial mechanisms to bring needed services within the reach of all)

9. **Developmentally Oriented** - the different needs that children, adolescents and their families have at different stages of development and knowledge are taken into account.

10. **Accountable** - a feedback/modification mechanism is in place that provides information concerning performance, quality assurances and utilization of services.

Systems Development - activities involving the creation or enhancement of organizational infrastructures at the community level for the delivery of health services and other needed ancillary services to individuals in the community by improving the service capacity of health care service providers.

Technical Assistance (TA) - the process of providing recipients with expert assistance of specific health related or administrative services that include; systems review planning, policy options analysis, coordination coalition building/training, data system development, needs assessment, performance indicators, health care reform wrap around services, CSHCN program development/evaluation, public health managed care quality standards development, public and private interagency integration and, identification of core public health issues.

BIOGRAPHICAL SKETCH **Attachment B**

Give the following information for all professional personnel contributing to the project, beginning with the Program Director. Photocopy this page for each person.
(DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

NAME *(Last, first, middle initial)*

TITLE BIRTH DATE *(Mo, Day, Yr)*

EDUCATION *(Begin with baccalaureate or other initial professional education and include postdoctoral training)*

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

HONORS

MAJOR RESEARCH - PROFESSIONAL INTEREST

CURRENT RESEARCH AND OTHER GRANT SUPPORT

RESEARCH AND PROFESSIONAL EXPERIENCE: List in reverse chronological order previous employment and experience. List in reverse chronological order all publications, or most recent presentation if the 2 page limit on the sketch presents a problem.

CONTINUATION PAGE FOR BIOGRAPHICAL SKETCH

NAME *(Last, first, middle initial)*

SUPPLEMENTAL TO SECTION F OF FORM 424A **Attachment C**
KEY PERSONNEL

NAME AND POSITION TITLE	Annual SALARY	No. MONTHS BUDGET	% TIME	Total $ AMOUNT REQUESTED
	(1)	(2)	(3)	(4)
	$		%	

FRINGE BENEFIT (Rate) TOTAL $

PROJECT PERSONNEL ALLOCATION CHART **Attachment D**

Project Title: _____ Project Director: _____

Budget Period: _____ to _____ Project Year: _____ State: _____
(1,2,3,4 or 5)

Objectives and Approaches	Staff by Title and Consultants in Person Days									